

SM Exhibit I


**CONSULTATION REFERRAL
MEDICAL DIVISION**

PD 429-180 (Rev. 8-00) Pent

SOCIAL SECURITY #

DATE

MED. DIST. #

CLINIC #

159

RANK

NAME (LAST, FIRST, M.I.)

Schlechtman, Adam

COMMAND

031

TAX REGISTRY #

COMMAND PHONE #

(718) 574-0441

ON SICK REPORT

☒ YES ☐ NO

LINE OF DUTY

☐ YES ☒ NO

DATE OF LINE OF DUTY

CONSULTATION SPECIALTY

PSYCHOLOGICAL EVALUATIONS.

DOCTOR TO WHOM REFERRED:

Psych

APPOINTMENT DATE & TIME

NOTIFIED BY:

REASON FOR REQUEST / SPECIFIC QUESTIONS TO BE ANSWERED: (IF OTHER THAN THOSE LISTED BELOW)

Need only 2nd spec on job
then available

NAME OF REQUESTING SURGEON (Printed)

Schlechtman

SURGEON'S SIGNATURE

**CONSULTANT'S REPORT - PRINT OR TYPE ANSWERS TO ALL QUESTIONS CHECKED,
IF ADDITIONAL SPACE IS REQUIRED, USE REVERSE SIDE.**
☐ **DIAGNOSIS:**

stress/anxiety

☐ **TREATMENT RECOMMENDED:**

psychotherapy - recommend CBT to improve coping skills &
reduce physical symptoms & stress

☐ **PROGNOSIS:**

good, with treatment

☐ **DUTY CAPABILITY: (INDICATE ACTIVITIES TO BE EXCLUDED)**☐ CONTINUE ON SICK REPORT☐ LIMITED CAPABILITY☒ RESTRICTED DUTY☐ FULL DUTY

4/13/09 as requested by Psych - OK

☐ **APPROX. RETURN TO DUTY?**

7/30/1

☐ **DO YOU WISH TO SEE THIS PATIENT AGAIN?**☒ YES ☐ NO

If so, when?

7/30/1

DATE

CONSULTANT'S NAME (PRINTED)

SIGNATURE

DISTRIBUTION: ORIGINAL - DISTRICT SURGEON DUPLICATE - CONSULTANT TRIPLICATE - DISTRICT SURGEON VIA MEMBER OF THE SERVICE

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